

## **SHSB NRHM Planning Process**

The State Programme Implementation Plan 2010-11 has been framed on the basis of strategies and activities which worked in the last four years. The major bottlenecks have been identified and an attempt has been made to overcome them through alternative strategies.

The SPIP follows in essence, form and content, "GoI guidelines for SPIP" and the "Suggestive Guidelines for Planning Framework of SPIP in 2010-11". The standard formats for budgets and work plan have been followed as suggested in the GoI guidelines. Efforts have been made to plan based on evidence, consult all stakeholders, incorporate lessons learnt from previous years under NRHM, set realistic objectives, develop synergies between different vertical programs and strengthen and decentralize programme management.

State Health Society Bihar, under the guidance of Principal Secretary, Health and Executive Director, SHSB has brought in a Systemic Change in the Planning process and has incorporated the Core-Concept of NRHM Mission Document-that of De-Centralisation of Planning. The Planning exercise for FY 2010-11 has been a multi-pronged process.

The State has undertaken Block and District Planning Exercise under which District Action Plans as per the NRHM guidelines have been prepared for 32 out of 38 districts, and for the rest this activity is expected to be completed by end of January 2010. The State Action Plan for 2010-2011 reflects the outcomes of the District Action Plans.

It is noteworthy that for the first time in Bihar NRHM Block Planning exercise has been undertaken alongwith all the 38 districts preparing their DHAPs. The State has constituted Block and District Planning committee for preparing State Programme Implementation Plan under NRHM and designated nodal officers at the district and block level for the task. District Planning team (DPT) at the District level has been constituted with ACMO, DPM, DAM, 1 DPO, 1 MOIC, 1BHM. Two Intensive (7 days) Capacity Building Workshops for the DPT has been held with the support of NHSRC and SPOs, in which the District Planning in all its facets- Why, When, Where, How has been dealt with, and also sensitization done on all NRHM programmes. Block Planning team constitutes the MOIC, Block Health Manager and Block Accounts Manager. At the district level ACMO is the Nodal Officer for Planning, at the block-the MOIC and different DPOs have been designated as Nodal Officers per block in each district for the Block Planning exercise.

Resource Envelop has been communicated to the districts and the blocks based on the district and block fund allocation in previous year with an anticipated 25% increase from previous year's budget allocation and Financial Guidelines/Unit Cost for each Budget Head prepared by respective SPOs has been communicated (covering aspects like purpose of the budget head, outcome, unit cost, responsible official, financial protocol etc).

Districts thereafter have conducted Capacity Building workshops for the blocks and various Consultative workshops both at the block and district level and done situational analysis and have drafted their District Plans. At the block level, consultation was done which was further sent to the District. With the information gathered from the block, district has further held consultations and prepared their priorities and requirements, which is reflected in the District Health Action Plans. The DHAP is a consolidation of BHAPs and incorporation of district level requirements/priorities. The districts presented their Plans before respective SHSB

officials/SPOs at a State level workshop held in end December and based on the feedbacks received from SPOs, modified their Plans and gave final shape to the same.

Based on the feedback received from the districts state programme officers have discussed and finalized the SPIP requirements. The state has considered the requirement of the district thoroughly and provision has been made in the PIP as per their need. The State Plan is the consolidation of the requirements of the District Plans received and the priorities of the State. The State level Programme Officers have chalked out their plans and requirements for FY 2010-11 which has also been consolidated into the State PIP and synchronized with district level requirements. The progress under various programmes has been analyzed to identify and prioritize the Programme interventions. Moreover, systems development interventions have been incorporated to sustain Programme gains.

In the Planning exercise, two documents which were formulated and disseminated to the districts last year have also been referred to-

1. Annual and Quarterly Fund Allocation for FY 2009-10 on which the districts have undertaken 25% increase as their ceiling for current year
2. Financial Guidelines/Unit costing for each Budget Head

It should also be mentioned that the plan has been prepared keeping in mind that private party can simultaneously complement the role of the Government machinery in delivering the health care services in the state, and till such time the Government machinery becomes self-sufficient and strengthen, the opportunity offered by Private Players can be utilized optimally.

The method of data collection is both primary and secondary in the preparation of the Plan. The secondary data were collected by reviewing records, registers and annual reports. The data were also collected from DLHS, SRS and NFHS surveys to support the background information. For primary data, the procedure involved focus group discussions, interactions and meetings in different districts. This was done to have opinion of all the programme officers, health staff, grass root workers and private partners.

The SPIP and DHAPs consists of five major sections-

1. Reproductive & Child Health Programme-II
2. Additionalities under NRHM
3. Routine Immunization
4. National Disease Control Programmes
5. Inter Sectoral Convergence

The State Programme Management Unit (SPMU) team was thoroughly involved in the process and their critical inputs were incorporated to make this plan more holistic, realistic and achievable. The Plan was further reviewed by the Executive Director, SHSB and the CEO-cum-Secretary, Health, Deptt.of Health, Govt. of Bihar.

After GOI approval is received on the Bihar SPIP 2010-11, the following steps were undertaken-

- ✓ District's Annual and Quarterly Fund Allocation for all Major and Minor heads was communicated to the districts
- ✓ Block/PHC/other Facility's Annual and Quarterly Fund Allocation for all Major and Minor heads was communicated to the districts

- ✔ Uploading of GOI ROP, State Plan, District Plans, District Allocations and Financial Guidelines on SHSB website
- ✔ Flexibility was given to Districts to re-allocate funds within the sub-heads of the Major sections in qtr. allocations, with the ceiling of annual target. Thus districts can prioritize their needs and meet them at the district level.
- ✔ Block's Annual and Quarterly Fund Allocation finalised through District and Block consultation at a District level workshop (SHSB representation in wkp. for clarity of process and guidelines)
- ✔ State level officials undertook Activity Planning exercise which covers the process indicators for each activity and time line for completion of the same.
- ✔ State level wkp. was held with Development Partners for ensuring their support in proper implementation at the district and block level and to ensure optimum fund utilisation at the district level.